



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

SEP 23 2004

400 Seventh Street, S.W.
Washington, D.C. 20590

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

James Vondale, Director
Automotive Safety Office, Environmental & Safety Compliance
Ford Motor Company, Fairlane Plaza South
330 Town Center Drive, Suite 500
Dearborn, MI 48126

NVS-212jfa
EA04-023

Dear Mr. Vondale:

This letter is to advise you that the Office of Defects Investigation (ODI) has completed Preliminary Evaluation (PE04-033) concerning allegations of door latch failure resulting in unintended door opening of the rear doors on the model year (MY) 2000 Ford Focus vehicles. Based on our analysis of the information received thus far, ODI has upgraded this matter into an Engineering Analysis (EA), which has been assigned identification number EA04-023. As part of the EA investigation, this letter requests updated and additional information from Ford.

In consumer interviews conducted by ODI, with both Ford and ODI complainants, 17 consumers reported that when the door came open, it opened completely. Items of groceries, pets and a rear seat occupant are reported to have fallen out of the vehicles. These consumer experiences suggest that this is an issue with the potential for full door opening.

ODI has received twenty-two additional reports of door opening incidents not previously provided to you. Fourteen of the reports are on 2000 MY vehicles, five are on the 2001 MY, and three are on the 2002 MY. A copy of each of the reports is enclosed for your information.

Please note that the "Subject vehicles" of this investigation has been expanded to include all MY Focus vehicles and the "Alleged defect" has been modified to include all reports of rear door latch failures.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles**: all Ford Focus vehicles manufactured for sale or lease in the United States.
- **Subject component(s)**: all door latches produced for use in the rear passenger doors of the subject vehicles.



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4296

- **Ford:** Ford Motor Company, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Ford (including all business units and persons previously referred to), who are or, in or after January 1, 1995, were involved in any way with any of the following related to the alleged defect in the subject vehicles:
 - a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

- **Alleged defect:** any failure, malfunction or otherwise unsatisfactory performance of the door latches of the rear passenger doors.

- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Ford, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note,

comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by Ford or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Ford has previously provided a document to ODI, Ford may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Ford's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject vehicles Ford has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by Ford state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of manufacture;
 - f. Date warranty coverage commenced; and
 - g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA."

2. State the number of each of the following, received by Ford, or of which Ford is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Property damage claims;
 - e. Third-party arbitration proceedings where Ford is or was a party to the arbitration; and
 - f. Lawsuits, both pending and closed, in which Ford is or was a defendant or codefendant.

For subparts "a" through "f" state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and Ford's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "e" and "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. Ford's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether property damage is alleged;
 - k. Number of alleged injuries, if any; and
 - l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA."

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Ford used for organizing the documents.

5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Ford to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. Ford's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment(s), if any, by the dealer/technician relating to the claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA."

6. Describe in detail the search criteria used by Ford to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Ford on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that Ford offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Ford has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that Ford is planning to issue within the next 120 days.
8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that have been conducted, are being conducted, are planned, or are being planned by, or for, Ford on the

subject vehicles that relate to, or may relate, to the alleged defect. For each such action, provide the following information:

- a. Action title or identifier;
- b. The actual or planned start date;
- c. The actual or expected end date;
- d. Brief summary of the subject and objective of the action;
- e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
- f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, Ford in the design, material composition, manufacture, quality control, supply, or installation of the subject component(s), from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that Ford is aware of which may be incorporated into vehicle production within the next 120 days.

10. Please provide one of each of the following:
 - a. Exemplar samples of each design version of the subject component(s) for model years 2001 through 2004;
 - b. Field return samples of the subject component(s) exhibiting the alleged defect; and
11. State the number of each of the following that Ford has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (*including the cut-off date for sales, if applicable*):
 - a. Subject component(s); and

- b. Any kits that have been released, or developed, by Ford for use in service repairs to the subject component(s)/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number) Also identify by make, model and model year, any other vehicles of which Ford is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

12. Provide engineering specification drawings for all rear door latches produced for use in the subject vehicles. Information in the drawings should include all vehicle applications for which they are intended and all changes and/or modifications that have been made to the latches should be clearly annotated.
13. Incident sample rear door latches that have been obtained by ODI from complainant's vehicles exhibit very severe corrosion to the latch assemblies. What is Ford's opinion as to how and why these latches become so severely corroded?
14. In field inspections of subject vehicles ODI has noted severe corrosion of the rear door latches while the front door latches showed no apparent signs of corrosion. Provide Ford's assessment and its analysis as to why the rear door latches corrode so severely while the front door latches do not appear to corrode. Ford's response to this request should include but not be limited to discussion of the following:
 - a. The material properties of the metal components, including anti-corrosion treatments, plating, etc, in both the front and rear door latch assemblies;
 - b. The reasons for such severe corrosion to occur to the rear door latches; and
 - c. The geographic concentration of the complainants in "salt belt" states.
15. Discuss the function and purpose of spacer YS4Z-5426489-AA. Please provide two sample parts with your response.

This letter is being sent to Ford pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Ford's failure to respond promptly and fully to this letter could subject Ford to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If Ford cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Ford does not submit one or more requested documents or items of information in response to this information request, Ford must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Ford's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by November 5, 2004. Please refer to EA04-023 in Ford's response to this letter. If Ford finds that it is unable to provide all of the information requested within the time allotted, Ford must request an extension from Mr. Thomas Z. Cooper at (202) 366-5218 no later than five business days before the response due date. If Ford is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Ford then has available, even if an extension has been granted.

If Ford claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Ford must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (69 Fed. Reg. 21409 et seq; April 21, 2004), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Ford is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.


If you have any technical questions concerning this matter, please call John Abbott of my staff at (202) 366-5221.

Sincerely,



Kathleen C. DeMeter, Director
Office of Defects Investigation
Enforcement

Enclosure 1, one CD ROM titled Data Collection Disc containing three files
Enclosure 2, 22 Vehicle Owner Questionnaires

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-337-4286) INTERNET: www.nhtsa.dot.gov/hotline			FOR AGENCY USE ONLY 100148	
	Date Received 01-AUG-2004		Repository <input type="checkbox"/> Reference No. 10083102		
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City SLINGER		State WI	Zip Code	Evening Telephone Number	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date _____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make FORD	Model FOCUS	Model Year 2001
Date Purchased	Dealer's Name and Telephone Number EWALD			Engine: No. Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City HARTFORD		State WI	Zip Code 53027	
Transmission Type MANUAL	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE		Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH Multiple Failure: 2	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 11-MAY-2004	Failure Mileage	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM13ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code				Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
REAR DOOR LATCHES FAIL DOORS WILL NOT STAY LATCHED AND WILL OPEN UNEXPECTEDLY. AFTER A \$300 REPAIR ONE DOOR WILL NOT OPEN. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.					



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received

Repository

22-JUL-2004

2004

File Number
10083477

OWNER INFORMATION (Type or Print)

Name

Address

City

BEFORD Bedford

State OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO Please provide

In the absence of an authorization, NHTSA will not include your name or address to the vehicle manufacturer.

Signature of Owner

Date 8/9/04

FORD with receipt

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAPF3836YW329161

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engines

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

171208-LATCHES; LOCKS; LINKAGES; DOORS; LATCH

Multiple Failures: 1

YES, opened more than once

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

08-JUL-2004

Failure Mileage

85400

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A9ABC035)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE CONSUMER STATED THE AUTOMATIC LOCKS AND THE DOORS FAILED TO LATCH. THE CONSUMER HAD TO TIE THE DOORS UP WITH ROPE, BECAUSE ON ONE OCCASION THE DOOR FLEW OPEN. *33

Rear passenger door will not latch. My automatic locks are working properly except this rear door won't stay closed. This door opens when I make a left turn or sometimes a bump in the road will cause it to open. My Grandson was in the backseat in his car seat (center of backseat) when the door flew open. If an adult had been seated by that door they would

Incident, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Pub. Law 93-502) This information is requested pursuant to authority vested in the Federal Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative action or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

could over

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

have blown out of the car. This is very serious and I can't believe FORD doesn't think they should take care of this problem. I was told by the customer service person to take the car to my FORD service department right away. However, when I asked about safety coverage for this "service" I was told it was my responsibility to pay for fixing the door. I didn't break the door (this is a defect and I should not have to pay for fixing it.

ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

US Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

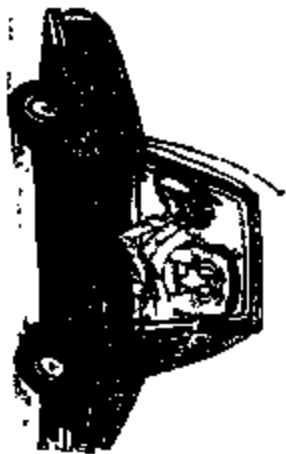
BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73178 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/odiv>



DOT Auto Safety Hotline
(DASH) 2-DOT

1-888-DASH-2-DOT
1-888-327-4236

and dial toll free at

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

**VEHICLE
OWNER'S**



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 708145

Date Received

2004 JUL 12 PM 2:36

Repository

Reference No.
10083534

OWNER INFORMATION (Type or Print)

Name

Address

City

BRIGHTON

State

Mi

Zip Code

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAPP3430YW

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine

No. Cylinders

Fuel Type

Original Owner

Dealer's City

State

Zip Code

Transmission Type

MANUAL

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES; DOORS:LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-JUL-2004

Failure Mileage

88100

Failure Speed (mph)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: D/TMALSAR036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e. parts repaired or replaced (and if old part is available).

REAR DOOR LATCHES FAILED. AS A RESULT, WHILE DRIVING AT HIGHWAY SPEED REAR PASSENGER DOOR FLEW OPEN. *AK

Include, if available, Police/Fire Department Reports, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) and subsequent amendments. You are under no obligation to provide information to this agency, and you may refuse to answer any question or provide any information. If you do provide information, you are making a voluntary statement. The information you provide will be used to identify safety defects in motor vehicles and to take appropriate action to correct a safety defect. If you do not wish to provide information, you may still file a complaint with administrative enforcement or litigation against a manufacturer, your response or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100216

Date Received

18-AUG-2004

Repository Reference No.
10069238**OWNER INFORMATION (Type or Print)**

Name

Address

City

PALOS HEIGHTS

State

IL

Zip

phone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on drivers side

1FAHP3633YW

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 4

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

18-MAY-2004

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING CONSUMER NOTICED THAT THE REAR PASSENGER SIDE DOOR OPENED ON ITS OWN. CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND PULLED OVER. CONSUMER CLOSED THE DOOR, AND THE DOOR REOPENED ON ITS OWN. VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, AND MECHANIC WAS NOT ABLE TO DUPLICATE THE PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4235)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received

05-AUG-2004

Repository Reference No.
10087284

OWNER INFORMATION (Type or Print)

Name

Address

City

LAKE MILTON

State

OH

Zip

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAPP34P3YW

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES: DOORS:LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

14-JUL-2004

Failure Mileage

64000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC035)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE'S BACK DOORS OPEN WHILE THE CONSUMER IS DRIVING. THEY ARE AUTOMATIC LOCKS, AND THEY STILL FLY OPEN. SOMEONE HAS TO SIT IN THE REAR TO KEEP THE DOORS FROM OPENING. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-578 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

19-JUL-2004

Repository Reference No.
10082202**OWNER INFORMATION (Type or Print)**

Name T

Address 1. ROAD

City

STANFORDVILLE

State NY

Zip Co

Number

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 7/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
09-SEP-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19A9C036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

BOTH LOCKS IN THE REAR DOORS IN MY FORD FOCUS HAVE FAILED. MY DOORS ARE NOW HELD CLOSED WITH BUNGEE CORDS. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 100148 Date Received 26-JUL-2004 Repository <input type="checkbox"/> Reference No. 10082643
--	---	--

OWNER INFORMATION (Type or Print)			
Name	Address	City	State
		ROCHESTER	NY
		Zip Code	
Daytime Telephone Number		E-mail Address	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
 Signature of Owner _____ Date / /

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAHP3435Y		Make FORD	Model FOCUS
Date Purchased 28-JAN-00	Dealer's Name and Telephone Number ROCHESTER AUTO COLLECTION	Engine: No: Cylinders 4	Model Year 2000
Original Owner <input checked="" type="checkbox"/>	Dealer's City ROCHESTER	State NY	Zip Code 14621
Transmission Type MANUAL	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH
Multiple Failure: 15			

FAILED COMPONENT(S) / PART(S) INFORMATION			
Incident Date(s) 26-JUL-2004	Failure Mileage 55000	Failure Speed 0	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code	Tire Failure Type		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		

APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
Reported to Police N			

Narrative Description of Incident(s), Crash(es), and Injury(ies).
 Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

FOR NO APPARENT REASON, THE REAR DOORS ON MY 2000 FORD FOCUS SE DO NOT STAY LATCHED. THIS PROBLEM IS INTERMITTENT BUT HAS BEEN HAPPENING WITH GREATER FREQUENCY. ADDITIONALLY, THE RIGHT REAR PASSENGER DOOR WILL NOT OPEN FROM THE INSIDE, UNLESS THE DOOR NEVER LATCHES AT ALL. I HAVE THREE CHILDREN I REANSPORT IN THIS VEHICLE AND I NO LONGER CONSIDER IT SAFE. THIS PROBLEM HAS APPEARED ON SEVERAL OTHER 2000 FOCUS CARS AND I CONSIDER IT TO BE A DEFECT THAT SHOULD BE RECALLED.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974—Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with an administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

26-JUL-2004

Repository Reference No.
10082640

OWNER INFORMATION (Type or Print)

Name

Address

City

NORTH KINGSTOWN

State RI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased
08-JUL-00Dealer's Name and Telephone Number
LOMBARD FORDEngine:
No: Cylinders 4Fuel Type:
GasOriginal Owner
Dealer's City
BARKHAMSTEDState
CT

Zip Code

Transmission Type
MANUAL Antilock Brakes
 Cruise ControlPowertrain
FRONT WHEEL DRIVE

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
25-JUL-2004

Failure Mileage

Failure Speed
25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE REAR DRIVERSIDE DOOR OF MY CAR WOULD NOT STAY CLOSED. IT POPPED OPEN WHILE I WAS DRIVING. LUCKILY THE BACK SEAT WAS EMPTY. MY SON AND HIS FRIENDS USUALLY TRAVEL BACK THERE ALONG WITH THE FAMILY PET. IT WAS SUNDAY SO SERVICE CENTERS WERE NOT OPEN. WE HAD TO TAKE APART THE ENTIRE DOOR TO GET THE MECHANISM INSIDE THE DOOR TO WORK ENOUGH SO I CAN LOCK THE DOOR. THE OTHER SIDE DOESN'T APPEAR TO LOOK ANY BETTER. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100092

Date Received

28-JUL-2004

Repository

Reference No.
10087656

OWNER INFORMATION (Type or Print)

Name

Address

CRY UNKNOWN

State OC

Zip Code 99999

Daytime Telephone Number
999 999 9999

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
FORD

Model
FOCUS

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number
KREIGER FORD

Engine:
No: Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City
COLUMBUS

State
OH

Zip Code

Transmission Type

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-JUL-2004

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

PROBLEMS WITH 2000 FORD FOCUS REAR DOOR LATCHES. *MR (THE REAR DOOR OPENED WHILE THE VEHICLE WAS IN MOTION) THE FUSE WAS BROKEN MAKING THE LATCH FREEZE. THE VEHICLE HAD A FAULTY PART IN THE LEFT SIDE DRIVER'S DOOR ACTUATOR. THIS MADE THE FRONT DOOR AND PASSENGER SIDE DOOR USELESS. THE DOOR COULD NOT BE OPENED FROM THE INSIDE OR OUTSIDE, NOT EVEN WITH THE UNLOCK BUTTON FROM THE INSIDE, THE KEY OR EVEN THE REMOTE. *SC *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1988

Date Received

2. AUG 31

Repository

Reference No.
70083563

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MEDINA State: NY Zip: C

Number: [REDACTED] E-mail Address: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 08/24/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAPR33P3 [REDACTED]
Make: FORD Model: FOCUS Model Year: 2001
Date Purchased: 09/01/04 Dealer's Name and Telephone Number: Orleans Ford Mercury
Original Owner: Dealer's City: Medina State: NY Zip Code: 14103
Engine: 4 No. Cylinders: regular fuel
Transmission Type: Automatic Brakes: Powertrain Cruise Control
Vehicle Component Code: -271100 LATCHES/LOCKS/LINKAGES/DOORS/LATCH
Multiple Failures: [REDACTED]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-FEB-2004 Failure Mileage: 42000 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P235/65R16): [REDACTED]
DOT No. (Example: DOTM149ABC036): [REDACTED] Original Equipment: Prior Repair: Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)


Crash: Yes No Fire: Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING DOOR OPENED CONSTANTLY. ALSO, THE PLASTIC DOOR HANDLES WERE LOOSE. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Receipt Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100192</p>	
		<p>Date Received</p> <p>01-JUL-2004</p>	<p>Repository <input type="checkbox"/></p> <p>Reference No. 10080305</p>		
OWNER INFORMATION (Type or Print)					
Name		E-mail Address			
Address		Evening Telephone Number			
City	State	PA	Zip Code		
HERSHEY					
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u> / / </u></p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FAPP34P11W		FORD	FOCUS	2001	
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:	
				Gas	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>					
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
	<input checked="" type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE	171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH		
			Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
29-JUN-2004	82000				
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM4SABC036)	<input type="checkbox"/> Original Equipment	<input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N.	
<p>Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).</p> <p>THE CONSUMER STATED THE TWO BACK DOORS ON THE VEHICLE HAS A DEFECTIVE LOCK AND THE DOOR WILL NOT STAY LOCKED AND SHUT. THE OWNER TOOK THE VEHICLE TO THE DEALER AND WAS TOLD THERE WAS NOTHING THEY COULD DO BECAUSE IT WAS PAST THE WARRANTY PERIOD AND THAT THE VEHICLE SHOULD HAVE BEEN LOOKED AT EARLIER TO PREVENT THE PROBLEM. PROVIDE FURTHER DETAILS. *JB</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<p>The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.</p>					



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 10014B

Date Received

17-MAY-2004

Repository Reference No.
10072732

OWNER INFORMATION (Type or Print)

Name

Address

City

CORTLANDT MANOR

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAPP3639

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased
25-SEP-00Dealer's Name and Telephone Number
JOHNSON FORD 845 338-7800

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner
Dealer's City
KINGSTONState
NYZip Code
12401Transmission Type
AUTOMATIC
 Antilock Brakes
 Cruise Control
Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
17-MAY-2004Failure Mileage
95000Failure Speed
0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example: P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

LEFT REAR PASSENGER DOOR LATCH HAS FAILED TO FUNCTION. DOOR WILL NOT LATCH RENDERING THE VEHICLE UNSAFE TO TRANSPORT CHILDREN. THIS IS THE LATEST IN A HISTORY OF RECALLS AND COMPONENT FAILURES THAT LEAD ME TO CONSIDER SUING FORD UNDER NY'S LEMON LAW. I WAS IN THE PROCESS OF TRYING TO SELL THIS VEHICLE AND AM NOW UNABLE TO DUE TO THIS LATEST PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received

19-AUG-2003

Repository

Reference No.

10034203

OWNER INFORMATION (Type or Print)

Name

Address

City

BROCKTON

State

MA

Zip Code

D

Number

:

:

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____

Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

FORD

Model

FOCUS

Model Year

2002

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example: P215/65R15)

DOT No. (Example: DOTMALSABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER NOTICED THAT PASSENGER'S SIDE REAR DOOR WAS OPEN. UPON LOCKING DOOR LATCH IT WILL NOT LOCK IN PLACE, CAUSING CONSUMER TO SECURE VEHICLE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's actions.



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

06-AUG-2003

Repository

Reference No.

10030945

OWNER INFORMATION (Type or Print)

Name

Address

City

GARRETTSVILLE

State

OH

Zip Code

L Phone Number

E Phone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

FORD

Model

FOCUS

Model Year

2002

Date Purchased

20-DEC-01

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-JUL-2002

Failure Mileage

300

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

FORD FOCUS: BACK DOOR WILL NOT ALWAYS LATCH. MY SON ALMOST FELL OUT OF THE CAR, THANKFULLY HE WAS STRAPPED INTO HIS CAR SEAT. I SHUT THE DOOR AND WAS DRIVING AWAY WHEN THE DOOR FLEW OPEN. FOCUS IS WHITE, ONLY 1 1/2 OLD AND HAS RUST SPOTS ALL OVER THE CAR. THE TRUNK OF THE CAR HAS THE MOST RUST. THE RADIO DIAL HAS MELTED FEELS LIKE YOU ARE PLAYING WITH BUBBLE GUM. HAVE ALSO HAD PROBLEMS KEEPING THE CAR ON THE ROAD IN RAIN AND SNOW. I TAKE THE TURNPIKE TO WORK AND FEEL THAT I AM GOING TO SLIDE INTO ANOTHER CAR IF I GO FASTER THEN 25 MILES AN HOUR IN THE RAIN OR SNOW. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

11-MAY-2004

Repository Reference No.
10072387**OWNER INFORMATION (Type or Print)**

Name

Address

City

REYNOLDSBURG

State

OH

Zip Code

Home Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased
02-APR-00Dealer's Name and Telephone Number
RICART 614-835-6300Engine:
No. CylindersFuel Type:
Gas

Original Owner

Dealer's City

COLUMBUS

State

OH

Zip Code

43227

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

17-MAY-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1BABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ON THE FORD FOCUS THE DOOR LOCK EITHER DON'T LOCK OR YOU CAN'T GET THEM TO UNLOCK. THE LOCK ON MY CAR WILL NOT LOCK AT ALL ON THE BACK PASSANGER SIDE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

This Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

25-AUG-2004

Repository Reference No.
10088526**OWNER INFORMATION (Type or Print)**

Name

Address

City POCASSET

State MA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAPF34P2

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

26-JUL-2004

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION*(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MY 2000 FORD FOCUS HAS A DEFECTIVE LEFT REAR DOOR LATCH. THE VEHICLE HAS NOT BEEN INVOLVED IN AN ACCIDENT. MY DEALER, LIGHTHOUSE FORD IN FALMOUTH, MA, EXAMINED THE LATCH AND ADVISED THAT IT WAS "RUSTED" BEYOND REPAIR AND THAT A REPLACEMENT LATCH, COSTING OVER \$200, WOULD NOT BE COVERED BY MY EXTENDED WARRANTY. SINCE THE DOOR SOMEHOW SEEMS TO SECURE ITSELF (WITHOUT THE FUNCTION OF THE LATCH), I OPTED NOT TO INSTALL A NEW LATCH AT MY EXPENSE. IS THE DOOR A HAZARD? PLEASE ADVISE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received

25-AUG-2004

Repository

Reference No.
10089692

OWNER INFORMATION (Type or Print)

Name

Address

City GALWAY

State NY

Zip Code

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAFP33P11

Make

FORD

Model

FOCUS

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

MANUAL

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
18-MAY-2004

Failure Mileage
70000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A9ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING RIGHT REAR PASSENGER DOOR OPENED. THE LATCH RUSTED FROM RAIN COMING IN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received 30-AUG-2004	Repository <input type="checkbox"/>	Reference No. 10068816	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
Name		Address		Evening Telephone Number	
City WOODBURY	State MN	Zip Code			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner		Date / /			
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP343X			Make FORD	Model FOCUS	Model Year 2000
Date Purchased 04-JUN-00	Dealer's Name and Telephone Number			Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	<input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH	
				Multiple Failure: 3	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 08-JAN-2004	Failure Mileage 60000	Failure Speed 0			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/55R15)	
DOT No. (Example: DOTMALSABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
THREE DIFFERENT INSTANCES WHERE THE PASSENGER BACK DOOR FLEW OPEN WHEN MAKING A TURN. THE DOOR WAS PROPERLY CLOSED AND THE DOORS WERE LOCKED BUT THE DOOR FLEW OPEN. NO ONE WAS HURT THANK GOODNESS BECAUSE THEY HAD THEIR SEAT BELT ON. THEY COULD HAVE BEEN THROWN FROM THE CAR. IF YOU HAD A PET IN THE CAR THEY WOULD HAVE FALLEN OUT. ANOTHER TIME MY DAUGHTER WAS DRIVING THE CAR AND THE DOOR FLEW OPEN. SHE IS AN INEXPERIENCED DRIVER BEING ONLY 16 YEARS OLD. SHE COULD OF HAD A ACCIDENT. I NO LONGER LET HER DRIVE THIS CAR. IT IS A 2000 FORD FOCUS. I CALLED THE DEALERSHIP AND THEY SAID THEY WOULD HAVE TO LOOK INTO THE PROBLEM. I SAID WILL I BE CHARGED THEY SAID POSSIBLY... *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.					



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

27-AUG-2004

Repository

Reference No.
10068695

OWNER INFORMATION (Type or Print)

Name

Address

City

CINCINNATI

State

OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAPP38352

Make
FORD

Model
FOCUS

Model Year
2002

Date Purchased
14-JUL-02

Dealer's Name and Telephone Number
BOB TOWNSEND FORD 513-385-1414

Engine:
No: Cylinders 4

Fuel Type:
Gas

Original Owner

Dealer's City
CINCINNATI

State
OH

Zip Code
45251

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-AUG-2004

Failure Mileage
60050

Failure Speed
5

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE REAR PASSENGER DOOR SOMETIMES WILL NOT LATCH SHUT. AFTER LOOKING AT IT, THE CATCH JUST SWINGS FREELY AND DOESN'T GRAB THE POST. AFTER REPEATED SLAMMING OF THE DOOR, IT WILL WORK AGAIN FOR A SHORT PERIOD. OPENED ONCE WHILE DRIVING. I KEEP A BUNNIE CHORD WITH ME IN CASE AND I BUNGEE IT SHUT WHEN IT ACTS UP. I DONT HAVE ANYONE SIT IN THE RERAR PASSENGERS SEAT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

25-AUG-2004

Repository Reference No.
10088605

OWNER INFORMATION (Type or Print)

Name

Address

City

BELLAIRE

State

MI

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number

located at bottom of windshield on driver's side

1FAFP36331W

Make

FORD

Model

FOCUS

Model Year

2001

Date Purchased

02-JUL-01

Dealer's Name and Telephone Number

PAT MCKEWN

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner

Dealer's City

CHARLEVOIX

State

MI

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES: DOORS: LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

19-JUL-2004

Failure Mileage

52700

Failure Speed

20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

 Original Equipment Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AFTER OPENING THE RIGHT REAR DOOR AT A STORE I DROVE OUT OF THE PARKING LOT BEFORE THE DOOR CAME OPEN AND THE DOOR LIGHT CAME ON. AFTER PARKING AGAIN I WAS NOT ABLE TO CLOSE THE DOOR, THE LATCH SEEMED TO BE STUCK IN THE OPEN POSITION. OPENING THE HANDLE, MOVING THE LATCH FORK BACK AND FORTH DID NOT ALLOW THE DOOR TO CLOSE. AFTER USING A SCREW DRIVER TO PRY THE LATCH STAMPING IT RETURNED AND LATCHED THE DOOR CLOSED. I HAVE NOT OPENED THE DOOR SINCE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			FOR AGENCY USE ONLY 100148	
				Date Received 25-AUG-2004	Repository <input type="checkbox"/> Reference No. 10088570
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	CLAY	State	NY	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP3434Y			Make FORD	Model FOCUS	Model Year 2000
Date Purchased 24-MAR-00	Dealer's Name and Telephone Number			Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type MANUAL	<input type="checkbox"/> Antlock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH		
			Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 25-SEP-2003	Failure Mileage	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM1BABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
The Component Code				Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
REAR DRIVER'S SIDE DOOR CAME OPEN ON ITS OWN (WITH A CHILD IN THE BACK), SAFETY LOCKS WERE ENGAGED AND THERE WAS NO INDICATION FROM THE SENSOR LIGHT THAT THE DOOR WAS NOT LATCHED PROPERLY. SOON AFTERWARDS I BEGAN HAVING MORE FREQUENT DIFFICULTY GETTING SAME DOOR TO STAY LATCHED. DOOR IS NOW INOPERABLE AS IT WILL NOT LATCH ONCE OPENED. THE OTHER THREE DOORS DO NOT LATCH SMOOTHLY AND I OFTEN HAVE PROBLEMS GETTING THE TRUNK TO LATCH PROPERLY. ON ONE OF MY NUMEROUS RECALL TRIPS TO THE SERVICE CENTER, I ASKED IF THERE WERE ANY RECALLS ON THE DOORS AND WAS TOLD NO. SINCE THE CAR IS NO LONGER UNDER WARRANTY, I CANNOT AFFORD TO GET IT FIXED BUT NEITHER CAN I SAFELY TRANSPORT ANYONE IN THE REAR SEAT. THIS IS ABSOLUTELY RIDICULOUS. THE ENTIRE CAR SHOULD BE RECALLED AND REPLACED!*AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with an administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.					



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FDR AGENCY USE ONLY 100146

Date Received

30-AUG-2004

Repository

Reference No.
10088836

OWNER INFORMATION (Type or Print)

Name

Address

City

PARMA

State OH

Zip Code

Phone Number

Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAFP3837YW

Make

FORD

Model

FOCUS

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

WILLIAMS

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner

Dealer's City

BEREA

State

OH

Zip Code

Transmission Type

MANUAL

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

1711DD LATCHES/LOCKS/LINKAGES;DOORS:LATCH

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

17-AUG-2004

Failure Mileage

50300

Failure Speed

20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

OPENED REAR (DRIVERS SIDE) DOOR AND PLACED GROCERIES ON BACK SEAT. CLOSED DOORS AND LEFT GROCERY STORE LOT. UPON MAKING A TURN, EN ROUTE, THE REAR DOOR SWUNG OPENED AND SOME ITEMS TUMBLED OUTI PULLED OFF THE ROAD AND TRIED TO CLOSE REAR DOOR. WAS UNABLE TO. GOT HOME AND USED A SCREWDRIVER TO WORK THE LATCH TO THE OPEN POSITION. WAS DIFFICULT TO GET THE DOOR TO STAY CLOSED. I TRY NOT TO USE THIS DOOR EVEN NOW.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.